



**DEPARTMENT OF PUBLIC HEALTH
 POLLUTION PREVENTION UNIT
 333 SOUTH STATE STREET, ROOM 200
 CHICAGO, ILLINOIS 60604**

CITY OF CHICAGO

APPLICATION DATE: _____

AIR POLLUTION CONTROL PERMIT APPLICATION FORM FOR FOOD PREPARATION UNIT	FORM FP
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BUSINESS INFORMATION

1) NAME:		
2) STREET ADDRESS:		
3) CITY:	4) STATE:	5) ZIP:
6) ENVIRONMENTAL CONTACT PERSON:		7) PHONE #:
8) FORM COMPLETED BY:		SIGNATURE:

EQUIPMENT INFORMATION

TITLE OF EQUIPMENT:	MAKE AND MODEL:	
DIMENSIONS:	NUMBER OF UNITS:	
CONSTRUCTION: <input type="checkbox"/> 14 GAUGE BLACK IRON <input type="checkbox"/> 18 GAUGE STAINLESS STEEL <input type="checkbox"/> OTHERS (DESCRIBE) _____		
AUXILIARY EQUIPMENT:	MAKE AND MODEL:	NUMBER OF UNITS:

STACKS, VENTS AND EXHAUST INFORMATION

TYPE OF VENT:	DIMENSIONS(FEET):	HEIGHT ABOVE ROOF OR GRADE:	
NUMBER OF VENTS:	CFM EXHAUSTED: TEMP:	CONNECTED TO:	
TYPE OF FAN: <input type="checkbox"/> AXIAL <input type="checkbox"/> CENTRIFUGAL	MAKE AND MODEL:	NUMBER OF FANS:	MOTOR _____RPM, _____HP

WASTE INFORMATION

DESCRIPTION OF WASTE:	AMOUNT COLLECTED: _____LBS/MONTH
WASTE HAULER:	

GENERAL INFORMATION

1) NAME OF AIR POLLUTION CONTROL DEVICE (IF ANY) :

2) MANUFACTURER OF CONTROL DEVICE:

3) MODEL #:

4) DESCRIPTION OF MAINTENANCE AND OPERATING RECORDS TO BE KEPT:

5) OPERATING AND MAINTENANCE RECORDS TO BE KEPT BY:

6) DESCRIPTION OF HOUSEKEEPING PROCEDURES TO BE USED IN MINIMIZING PUBLIC NUISANCE:

ISOMETRIC DIAGRAM OF KITCHEN HOOD SUPPLY AND EXHAUST FAN DETAIL

IN THE EVENT THAT ODORS ARE PRESENT, AND/OR NUISANCE COMPLAINTS ARE RECEIVED FROM THE ABOVE OPERATION; IT IS HEREBY AGREED THAT AN APPROPRIATE EMISSION CONTROL DEVICE WILL BE INSTALLED ON THE SOURCE WHICH WILL MEET ALL OF THE REQUIREMENTS OF CHAPTER 11 OF THE MUNICIPAL CODE OF CHICAGO. FAILING THIS, WE AGREE TO REMOVE OR CEASE OPERATION OF THE OBJECTIONABLE SOURCE.

SIGNED _____

NAME IN FULL _____ TITLE _____

DATE _____